

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

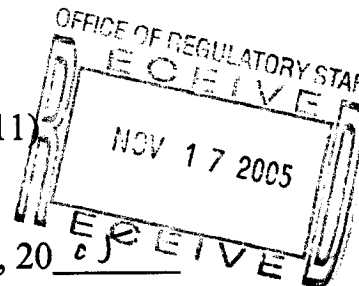
ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXI 2005-366-T DATE 11-15, 2005

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DAVID COLLINGTON

2. (a) Street Address of Applicant 2101 Winyah ST.

Georgetown, SC 29440

(b) Mailing address, if different from street address _____

(c) Telephone Number 843-318-0060

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: Nov - Year: 2005

Assets:	
Cash	1500.00
Receivables	
Real Estate	2000.00
Buildings and Equipment-Net	
Motor Vehicles-Net	5200.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	200.00
Prepays and Other Assets	
Total Assets	26,900.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	2,976.00
Mortgages Payable	4,704.00
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	7,140.00
Capital Stock	
Retained Earnings	
Total Equity	26,900.00
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Georgetown

I, David Collington, owner

(Name of Applicant's Representative)

(Title)

of David Collington DBA DC TAXI, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At Georgetown S.C.

This the 15 day of Nov, 2005

Raymond E. Johnson
(Notary Public)

David Collington
(Signature of Applicant's Representative)

Commission Expires: 1-12-2014

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant DAVID COLLINGTON

For the transportation of passengers as follows:

Area to be served: GeorgetownNumber of passengers: 5Fares: \$3.00 IN GeorgetownDate 11-15-05 DAVID COLLINGTON
ByOWNER

Title

INSURANCE QUOTE

The following insurance quote is for:

DAVID COLLINGTON
(Name of Motor Carrier)
2001 Winyah St. Georgetown, SC 29440
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 3001.50

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000 ✓
8 - 15 passengers	-	25,000/100,000/10,000

Canal Ins. Co.
(Insurance Company Name)
P.O. Box 7 Greenville, SC, 29602
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-15-05 Randy E. Johnson
Date (Authorized Insurance Company Representative)